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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	10/624,915
<b>Filing Date</b>	07/22/2003
<b>First Named Inventor</b>	Pflueger
<b>Title</b>	Apparatus and Methods for Treating
<b>Art Unit</b>	3772
<b>Examiner Name</b>	Nihir B. Patel
<b>Attorney Docket Number</b>	QMI-3077

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

23410

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
City		State	Zip	
Country				
Telephone		Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	[See attached]	Date	26-June-2007
Name	D. Russel Flueger	Telephone	
Title and Company	CEO, Quiescence Medical, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**POWER OF ATTORNEY (REVOCATION OF PRIOR POWERS)  
AND PROSECUTION BY ASSIGNEE UNDER 37 C.F.R. § 3.71**

Sir:

**QUIESCENCE MEDICAL INC.**, a **California** Corporation, the assignee of the entire right, title and interest of patent applications listed below, under 37 C.F.R. § 3.71 hereby revokes all powers of attorneys previously given in the below-identified patent applications and hereby appoints all attorneys associated with:

**Customer Number**

**23410**

PATENT TRADEMARK OFFICE

with full powers of substitution and revocation, to prosecute this application and transact all matters in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefore before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, said appointment to be to the exclusion of the inventors and their attorneys in accordance with the provisions of 37 C.F.R. § 3.71.

**Correspondence Address**

Please change the correspondence address for the below-identified patent applications to the customer number 23410, and direct all written communications relative to such applications to:

William A. English  
Vista IP Law Group LLP  
2040 Main Street, 9<sup>th</sup> Floor  
Irvine, California 92614

Power of Attorney  
Quiescence Medical Inc.

Please direct all telephone communications to William A. English at (714) 449-8433.

### **Patent Applications**

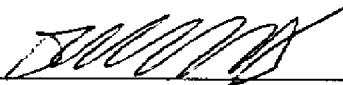
<b>Attorney Matter No.</b>	<b>Title</b>	<b>Inventor(s)</b>	<b>Serial No.</b>	<b>Filing Date</b>
QMI-3077	Apparatus and Methods for Treating Sleep Apnea	Pflueger, et al.	10/624,915	7/22/03
QMI-3077 DIV	Apparatus and Methods for Treating Sleep Apnea	Pflueger, et al.	11/126,649	5/10/05
QMI-3077P	Apparatus and Methods for Treating Sleep Apnea	Pflueger, et al.	60/436,945	12/30/02
QMI-3077 CIP	Apparatus and Methods for Treating Sleep Apnea	Pflueger, et al.	10/541,255	3/27/06
QMI-3090	Stent for Maintaining Patency of a Body Region	Pflueger, et al.	10/748,761	12/30/03
QMI-3090P	Stent for Maintaining Patency of a Body Region	Pflueger, et al.	60/437,058	12/30/02
QMI-3160P	Apparatus and Methods for Treating Snoring and Sleep Apnea	Pflueger, et al.	60/585,241	7/2/04
QMI-3236P	Apparatus and Methods for Treating Sleep Apnea	Pflueger, et al.	60/819,232	7/6/06

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent applications identified above from the inventor(s) to the assignee.

To the best of the undersigned's knowledge and belief, title is in the assignee identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee.

**QUIESCENCE MEDICAL, INC.**

Dated: 6/26/07

By: 

Name: D. Russell Pflueger

Title: CEO

Address: 26911 Windsor Drive

San Juan Capistrano, CA 92675